

State of Connecticut  
Electronic Filing Test Package  
Tax Year 2005  
**State changes are bolded**

Form: CT-1040

Test: **400-00-5706**

Based off Federal Test: 400-00-1025

Name: Test J Caden

Home Address: (USS ROBERT E LEE)  
City, State, and Zip: (**SALEM CT 06415**)

TEST #25: continued:

Form W-2 #1:

b. Employers identification number: (99-1236541)

c. Employers name address and Zip Code: (US NAVY)

f. Employee's address and Zip code: (USS ROBERT E LEE)  
(**SALEM CT 06415**)

Box 15 State and State ID Number: (**CT 0007029-000**)

Box 16 State Wages: (24800)

Box 17 State Income tax withheld: (**30**)

Form W-2 #2:

b. Employers identification number: (56-1242342)

c. Employers name address and Zip Code: (WILSONS SUPERMARKET)

f. Employees address and Zip code: (USS ROBERT E LEE)  
(**SALEM CT 06415**)

Box 15 State and State ID Number: (**CT 0011222-000**)

Box 16 State Wages: (1800)

Box 17 State Income tax withheld: (20)

**Pay By Mail Balance Due**



0501100011 20

**Form CT-1040 - 2005**  
Connecticut Resident Income Tax Return

Other taxable year, beginning: **2005** and ending:

400 - 00 - 5076 - - S MFJ/QW MFS Y HH

TEST J CADEN • Deceased

• Deceased

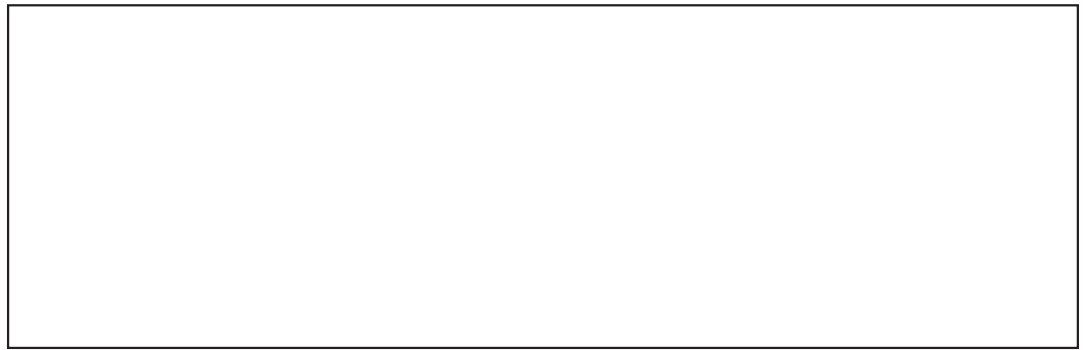
USS ROBERT E LEE No forms CT-2210

SALEM CT 06415 - • CT-8379 • Sch. CT-1040 CRC

•

1. Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	37847
2. Additions to federal adjusted gross income (From Schedule 1, Line 39)	2.	180
3. Add Line 1 and Line 2	3.	38027
4. Subtractions from federal adjusted gross income (From Schedule 1, Line 50)	4.	485
5. <b>Connecticut Adjusted Gross Income</b> (Subtract Line 4 from Line 3)	5.	37542
6. Income Tax (From Tax Tables or Tax Calculation Schedule)	6.	516
7. Credit for income taxes paid to qualifying jurisdictions (From Schedule 2, Line 59)	7.	
8. Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0".)	8.	516
9. Connecticut Alternative Minimum Tax (From Form CT-6251)	9.	
10. Add Line 8 and Line 9.	10.	516
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (From Schedule 3, Line 68)	11.	350
12. Subtract Line 11 from Line 10 (If less than zero, enter "0".)	12.	166
13. Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	13.	
14. <b>Connecticut Income Tax</b> (Subtract Line 13 from Line 12. If less than zero, enter "0".)	14.	166
15. Individual Use Tax (From Schedule 4, Line 69. If no tax is due, enter "0".)	15.	0
16. <b>Total Tax</b> (Add Line 14 and Line 15)	16.	166

Clip Check or Money Order here (Do Not Staple).  
Do Not Attach W-2, W-2G, or 1099 Forms.



0501100011

0501100011





Form CT-1040, Page 2 0501200019 • 400005076

17. Amount from Line 16 17. XXXXXXXXXX

W-2, W-2G, and 1099 Identification Information (only enter if Connecticut income tax was withheld)

	Column A	Column B	Column C
	Employer or Payer's Fed. ID #	Connecticut Wages, Tips, etc.	Connecticut Income Tax Withheld
18a.	99 - 1236541	• 24800	30
18b.	56 - 1242342	• 1800	20
18c.	-	•	
18d.	-	•	
18e.	-	•	
18f.	-	•	
18g.	-	•	

18h. Additional Connecticut withholding (From Supplemental Schedule CT-1040WH, Line 3.) 18h.

18. Total Connecticut Income Tax Withheld (Add amounts in Column C) 18. 50

19. All 2005 estimated tax payments and any overpayments applied from a prior year 19.

20. Payments made with Form CT-1040EXT 20.

21. Total Payments (Add Lines 18, 19, and 20) 21. 50

22. Overpayment (If Line 21 is more than Line 17, subtract Line 17 from Line 21.) 22.

23. Amount of Line 22 you want applied to your 2006 estimated tax 23.

24. Total Contributions of Refund to Designated Charities (From Schedule 5, Line 70) 24.

25. Refund (Subtract Lines 23 and 24 from Line 22) 25.

25a. Acct. Type Ck. Sv. 25b. Rout. # 25c. Acct. #

26. Tax Due (If Line 17 is more than Line 21, subtract Line 21 from Line 17) 26. 116

27. If Late: Enter Penalty (Multiply Line 26 by 10% (.10)) 27.

28. If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01)) 28.

29. Interest on underpayment of estimated tax (From Form CT-2210) 29.

30. Total Amount Due (Add Lines 26 through 29) 30. 116

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here  
Keep a copy for your records.

Your Signature		Date	Daytime Telephone Number
•		•	•
Spouse's Signature (if joint return)		Date	Daytime Telephone Number
•		•	•
Paid Preparer's Signature	Date	Telephone Number	Preparer's SSN or PTIN
•	•	•	
Firm's Name, Address, and ZIP Code			FEIN
•			

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
•	•	•

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**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut	31.	80
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	
33. <i>Allocated for Future Use</i>	• 33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	35.	
36. Loss on sale of Connecticut state and local government bonds	36.	
37. <i>Allocated for future use</i>	• 37.	
38. Other - specify •	38.	100
39. <b>Total Additions</b> (Add Lines 31 through 38)	39.	180
40. Interest on U.S. government obligations	40.	180
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	
42. Social Security benefit adjustment (From Social Security Benefit Adjustment Worksheet)	42.	
43. Refunds of state and local income taxes	43.	180
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	
45. Special depreciation allowance for qualified property placed in service during the preceding year(s)	45.	
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	46.	
47. Gain on sale of Connecticut state and local government bonds	47.	25
48. <i>Allocated for future use</i>	• 48.	
49. Other - specify (Do not include out of state income)•	49.	100
50. <b>Total Subtractions</b> (Add Lines 40 through 49)	50.	485

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income	51.		
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52. •	•	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (From Schedule 2 Worksheet)	53.		
54. Divide Line 53 by Line 51 (May not exceed 1.0000)	54.	.	.
55. Income tax liability (Subtract Line 11 from Line 6)	55.		
56. Multiply Line 54 by Line 55	56.		
57. Income tax paid to a qualifying jurisdiction	57.		
58. Lesser of Line 56 or Line 57	58.		
59. Total credit (Add Line 58, all columns)	59.		





**Schedule 3 - Property Tax Credit Worksheet**

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• SALEM	• SALEM	•
Description of Property	• 56NORTH RD	• 1999TOYOT	•
Date(s) Paid	•	•	•
	• 7/15/05	• 7/15/05	•
Amount Paid	60. 300	61. 125	62.
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)			63. 425
64. Maximum property tax credit allowed			• 64. 350
65. Lesser of Line 63 or Line 64.			• 65. 350
66. Property Tax Credit Limitation Decimal Amount (If zero, enter amount from Line 65 on Line 68.)			• 66. 0.00
67. Multiply Line 65 by Line 66			• 67.
68. Subtract Line 67 from Line 65.			68. 350

**Schedule 4 - Individual Use Tax Worksheet**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
•						
•						
•						
•						
•						
• Total of individual purchases under \$300 not listed above						
69. Individual Use Tax (Add amounts in Column G)						• 69.

**Schedule 5 - Contributions**

70a. AR	70a.
70b. OT	70b.
70c. ES/W	70c.
70d. BCR	70d.
70e. SNS	70e.
70f. MFRF	70f.
70. Total Contributions (Add Lines 70a through 70f)	70.



## Label

(See instructions on page 16.)

## Use the IRS label.

Otherwise, please print or type.

## Presidential

## Election Campaign

L  
A  
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For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

▲ You must enter your SSN(s) above. ▲

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶

☐ You ☐ Spouse

## Filing Status

Check only one box.

1 ☐ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☐ Spouse . . . . .

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed . . . . .

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .

8a Taxable interest. Attach Schedule B if required . . . . .

b Tax-exempt interest. Do not include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends (see page 20) . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

15a

b Taxable amount (see page 22)

16a Pensions and annuities . . . . .

16a

b Taxable amount (see page 22)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation . . . . .

20a Social security benefits . . . . .

20a

b Taxable amount (see page 24)

21 Other income. List type and amount (see page 24) . . . . .

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

## Adjusted Gross Income

23 Educator expenses (see page 26) . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889 . . . . .

26 Moving expenses. Attach Form 3903 . . . . .

27 One-half of self-employment tax. Attach Schedule SE . . . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

29 Self-employed health insurance deduction (see page XX)

30 Penalty on early withdrawal of savings . . . . .

31a Alimony paid b Recipient's SSN ▶

32 IRA deduction (see page XX) . . . . .

33 Student loan interest deduction (see page XX) . . . . .

34 Tuition and fees deduction (see page XX) . . . . .

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 31a and 32 through 35 . . . . .

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:  
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1941, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1941, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	
<b>42</b>	If line 38 is \$109,475 or less, multiply \$3,200 by the total number of exemptions claimed on line 6d. If line 38 is over \$109,475, see the worksheet on page 33	<b>42</b>	
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	
<b>44</b>	<b>Tax</b> (see page 33). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>44</b>	
<b>45</b>	<b>Alternative minimum tax</b> (see page 35). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>49</b>	
<b>50</b>	Education credits. Attach Form 8863	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit (see page 37). Attach Form 8901 if required	<b>52</b>	
<b>53</b>	Adoption credit. Attach Form 8839	<b>53</b>	
<b>54</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859	<b>54</b>	
<b>55</b>	Other credits. Check applicable box(es): <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Specify	<b>55</b>	
<b>56</b>	Add lines 47 through 55. These are your <b>total credits</b>	<b>56</b>	
<b>57</b>	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	<b>57</b>	

**Other Taxes**

<b>58</b>	Self-employment tax. Attach Schedule SE	<b>58</b>	
<b>59</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<b>59</b>	
<b>60</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>60</b>	
<b>61</b>	Advance earned income credit payments from Form(s) W-2	<b>61</b>	
<b>62</b>	Household employment taxes. Attach Schedule H	<b>62</b>	
<b>63</b>	Add lines 57 through 62. This is your <b>total tax</b>	<b>63</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	
<b>65</b>	2005 estimated tax payments and amount applied from 2004 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election ▶ <b>66b</b>		
<b>67</b>	Excess social security and tier 1 RRTA tax withheld (see page 54)	<b>67</b>	
<b>68</b>	Additional child tax credit. Attach Form 8812	<b>68</b>	
<b>69</b>	Amount paid with request for extension to file (see page 54)	<b>69</b>	
<b>70</b>	Payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	<b>70</b>	
<b>71</b>	Add lines 64, 65, 66a, and 67 through 70. These are your <b>total payments</b>	<b>71</b>	

**Refund**

Direct deposit? See page 54 and fill in 73b, 73c, and 73d.

<b>72</b>	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you <b>overpaid</b>	<b>72</b>	
<b>73a</b>	Amount of line 72 you want <b>refunded to you</b>	<b>73a</b>	
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/>		
<b>74</b>	Amount of line 72 you want <b>applied to your 2006 estimated tax</b>	<b>74</b>	

**Amount You Owe**

<b>75</b>	<b>Amount you owe.</b> Subtract line 71 from line 63. For details on how to pay, see page 55	<b>75</b>	
<b>76</b>	Estimated tax penalty (see page 55)	<b>76</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name  Phone no.  ( )  Personal identification number (PIN)

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ( )	